



**LGBTQ2 Health in Canada Study**

Brief for the Standing Committee on Health

Prepared by The 519

May 2<sup>nd</sup>, 2019

The 519 is committed to the health, happiness and full participation of the LGBTQ2S communities. A City of Toronto agency with an innovative model of Service, Space and Leadership, we strive to make a real difference in people's lives, while working to promote inclusion, understanding and respect.

Since 1975, The 519 has worked for inclusion, acceptance and awareness of LGBTQ2S rights in Toronto and beyond. We are a City of Toronto agency, and a registered charity, with a unique approach to community building that allows us to deliver direct service, accessible space and ongoing leadership that makes a real difference in people's lives.

The history of The 519 is the story of Toronto's LGBTQ2S experience, a story of inspiration and community, of speaking out against injustice and coming together to celebrate great progress. Today, we continue to evolve in response to emerging community need and through the leadership and vision of our members, staff, supporters and volunteers.

With over forty staff-led programs, a hundred and twenty community-led groups, and over five hundred thousand annual visits, we are uniquely situated to speak to the health and wellness needs of the communities we serve. In particular, we have deep connections to marginalized, low-income and street-involved LGBTQ2S community members through our blend of direct service and community engagement programming. As Canada's largest settlement service provider for LGBTQ refugees and newcomers – providing support to nearly two thousand people a year – we are able to speak to the health needs of these highly vulnerable community members.

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## Recommendations

- **Recommendation 1:** Support community and peer-based programs and services which promote holistic modes of wellness for LGBTQ2S communities with ongoing, operational funding
  - To increase a range of supports to grow LGBTQ2S-competent medical, social, and community services throughout Canada
  - To increase funding focus on smaller urban, rural, and on-reserve communities
  - To increase funding towards LGBTQ2S peer program models
- **Recommendation 2:** Develop a national strategy to address the specific barriers to accessing safe and affirming health care for trans, Two-Spirit, and non-binary communities
  - To include coverage of transition-related care in all government-funded health centres, without requiring a DSM-5 diagnosis.
  - To implement federal guidelines to support provincial level protections of trans individuals from discrimination.
  - Mandate that all provinces incorporate trans-competent care undergraduate and postgraduate curricula in medical and nursing schools, as well as residency training and licensing examinations. Include education for primary care providers as well as specialists in fields.
- **Recommendation 3:** Bolster health and mental health supports for LGBTQ Refugees
  - To increase funding to provide mental health support for LGBTQ refugees, especially in trauma-informed counselling.
  - To implement programs that will increase LGBTQ2S's access to family doctors who are competent in providing services to LGBTQ2S patients.
- **Recommendation 5:** Award federal grants for programs teaching postgraduate-level care of LGBTQ2S patients
- **Recommendation 6:** Involve members of the LGBTQ2S communities in the design, development, and delivery all related work

### Community and Peer Centred Health Care

Community based organizations and spaces are an essential part of work being done to affirm, celebrate, and support LGBTQ2S communities. Spaces in which LGBTQ2S communities are celebrated and reflected in staff and other service users is essential to ensuring the health and wellbeing of LGBTQ2S people across Canada. The importance of these spaces cannot be understated as many individuals are unable to access health services with even basic LGBTQ2S cultural competencies, let alone specific health competencies. Without access to broader social services, LGBTQ2S communities are at higher risk of experiencing difficulties with their physical and mental health – this reality is made more stark when taking into consideration things like age, race, socioeconomic status, disability, and other intersections of identity. Reducing isolation, engaging building community, and connecting folks with the social supports they need provides long-term health benefits to marginalized populations and health-cost savings to government (Hankivsky & Christoffersen, 2008; Pruitt et. al, 2018).

When services are created by and for community, they are able to develop programming that meets the needs of LGBTQ2S individuals that address the social determinant of health inequities in safe, affirming ways which are unique to LGBTQ2S communities. Through community minded lens, services are able to work as trusted intermediaries for marginalized populations seeking access to a range of services, including safe and supportive housing, medical, and legal services (Cohl et. al, 2018). In addition, there are broader impacts such as a development the LGBTQ2S competencies of service providers, including medical service providers, to help ensure that clients are connected with proper care, while advocating when issues arise. The 519 has engaged a peer leadership model and through

As Canada's largest LGBTQ2S community centre, The 519 is aware of the positive impact that programs and services developed by and for queer and trans communities can be. As an organization located in Canada's largest urban centre, we continue to see some of the most vulnerable members of our communities, including children, youth, and elders who live well-beyond the Greater Toronto Area, travel to access our services. We hear stories everyday about individuals who feel they are unable to access any social services in their town, let alone gain access to competent or supportive health care providers. Often these individuals will chose to avoid social and health services, and will only consider accessing services in an emergency.

### Trans, Two-Spirit, and Non-Binary Health Care

In Canada, trans, Two-Spirit, and non-binary people continue to be underrepresented in all aspects of health research including monitoring and surveillance. As such, national-level statistics on the health of these communities remains lacking in terms of concrete evidence and knowledge. Community driven research on trans people at a provincial level demonstrate severe disparities in the health care received by trans, Two-Spirit, and non-binary communities. Many trans, Two-Spirit, and non-binary individuals relate experiences of having to educate their provider on trans related health issues, including 54% of trans Ontarians (Bauer, Gr. et al. 2014). Studies of trans related health needs in Ontario found that over half of all trans women have levels of depressive symptoms consistent with clinical depression, and 46% of trans Ontarians report having seriously considered or even attempted suicide (Rotondi, NK. et al. 2011).

In a 2014 US report released on emergency department avoidance, it was found that 21% of trans people report having avoided emergency care due to the perception that their trans status would negatively affect the encounter (American College of Emergency Physicians). It was also found that 52% of trans people presenting to the emergency department report negative experiences associated with their visit (American College of Emergency Physicians). In addition to emergency room avoidance, there is evidence which suggests that trans, Two-Spirit, and non-binary individuals seek medical support around transition outside regulated medical systems. In a 2013 study, 10% of trans Ontarians report using hormones obtained from non-medical sources such as a friend or relative, and a small minority reported attempting or completing self-performed surgeries (Rotondi NK. et al).

A lack representation in medical research and fear of accessing healthcare spaces is informed by negative experiences mentioned above, but also due to issues of medical paperwork not capturing correct information from trans, Two-Spirit, and non-binary patients. A study in 2018 cited one of the barriers to trans communities in accessing primary and emergency care was that individuals did not feel comfortable filling out gender-binary medical forms (Vermier, E et al.). Current health care IT solutions, including electronic health records (EHRs), billing systems, and laboratory information rely on a binary of male/female options. Transition history and sexual anatomy are rarely recorded which leads to inaccurate, inadequate, and dangerous gaps in health care provision of to trans, Two-Spirit, and non-binary individuals as well as intersex individuals. In addition to treatment gaps, this perceived "mismatch" can impact a patient's ability to obtain timely insurance coverage for required procedures. This lack of representation in medical forms, ensure that proper medical treatment of trans, Two-Spirit, non-binary, and intersex individuals will remain a consistent disparity ensuring that these communities are left out of medical research and advancement for treatment options.

Multiple studies have found that services for trans, Two-Spirit, and non-binary communities is often clustered in large urban centres (Stroumsa, D. 2014; Vermier, E. et al. 2017; Logie, CH. et al. 2012; Sevelius, JM. et al. 2014). This was found to be true of not just trans specific related health care needs, but also in relation trans competent health care provision related to more general health needs such as mental and physical health, substance use treatment, and HIV treatment. Health services continued to be

segregated by sex which continues to alienate trans, Two-Spirit, and non-binary individuals and results in unidentified and unmet health needs.

Many of the issues faced by trans, Two-Spirit, and non-binary communities is rooted in “institutional erasure”, which is defined as a lack of policies that accommodate transgender identities, including “the lack of knowledge that such policies are even necessary” (Bauer, GR. et al., 2009). This lack of trans-specific information in educational, healthcare, and other institutions reinforces barriers and inaccessibility as providers and policy makers remain unaware that these issues even exist. This invisibility and near complete lack of policy ensure that the needs of trans, Two-Spirit, and non-binary individuals will remain a widespread and will persist across Canada unless there is a national strategy implement to address these issues.

### LGBTQ Refugees Health Care

LGBTQ asylum seekers and refugees fled their countries of origin out of the grave concerns of their personal safety. They share similar experiences of trauma, social isolation, and the lack of access to resources with asylum seekers based on other grounds (Dworkin and Yi, 2003). At the same time, LGBTQ asylum seekers and refugees tend to experience their first trauma at an earlier age of experience of first trauma and the lack of support from their families (Russell and Fish, 2016; Dworkin and Yi, 2003). The first trauma most often is due to the actions and prejudices of family members (Hopkinson et al., 2017).

Post-traumatic stress syndrome often complicates with other mental health issues such as depression and anxiety (Reading and Rubin, 2011). Furthermore, asylum seekers and refugees do not have cultural support familiar to them to rely on and can feel much disoriented in a new country (Segal and Mayadas, 2005). As such, trauma-informed counselling is critical to the mental health of LGBTQ asylum seekers and refugees. The lack of trauma-informed counselling will not help clients improve their mental health; on the contrary, it carries a high risk of re-traumatized the clients in the counselling process (Butler & Rinfrette, 2011).

Empirical research has shown that for queer and trans individuals, health professionals’ attitudes towards their sexuality and gender identities are important elements when choosing primary health care providers (Neville & Henrickson, 2006). Health practitioners’ knowledge of queer and trans communities have a heavy influence on the health and well-being of their patients because the lack of knowledge can lead to refusal in providing certain essential services, withholding information, and asserting pressure on their patients to conform to gender and sexual norm (Dean et al., 2000; Dobinson et al., 2003; Gapka and Raj, 2003). The lack of acknowledge leads to many LGBTQ individuals being afraid to access health care (Banks, 2003; Ryan and Chervin, 2000). All these combined together can lead to the delay of diagnosis of illnesses and the receipt of proper treatment (CLGRO, 1997).

It is utmost important for health practitioners to be trained to provide inclusive and equitable services to LGBTQ individuals (Mule et al., 2009). In addition, LGBTQ populations are intersected with many other different social dimensions including but not limited to race, gender, ethnic origin, body ability, legal status, *etc.* A comprehensive set of health care practices must also be inclusive to all the other intersecting identities (Mule *et al.*, 2009). In addition, there should be policies, programs, and campaigns to facilitate LGBTQ populations’ access to affirmative health care. The strategy should not only be limited to increasing the number of LGBTQ-focus clinics but also to have an overarching framework and campaign to educate health care providers and the general public (Mule et al., 2009).

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